

National Institutes of Health
National Cancer Institute

Division of Cancer Treatment and Diagnosis
Cancer Therapy Evaluation Program

PAGE NO.

CONTROL RECORD ☐

SATELLITE RECORD ☐

Investigational Agent Accountability Record

Name of Institution:

NCI Protocol No.:

Agent Name:

Dose Form and Strength:

Protocol Title:

Dispensing Area:

Investigator Name:

NCI Investigator No.:

Line No.	Date	Patient's Initials	Patient's ID No.	Dose	Quantity Dispensed or Received	Balance Forward	Manufacturer and Lot No.	Recorder's Initials
						Balance		
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